

# NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

UTEX-0001-D02

In re Application of

Krzysztof Chwalisz

Application Number

10/043,232

Filed

January 14, 2002

For IMPLANTATION RATES AFTER IN VITRO FERTILIZATION,  
AND TREATMENT OF INFERTILITY AND EARLY  
PREGNANCY LOSS WITH A NITRIC OXIDE, etc.

Group Art Unit

1617

Examiner

Russell S. Travers

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, January 15, 2004, rejecting the following claims: 12-14, 33-35, 48.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 330.00.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ \_\_\_\_.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-3402. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed.

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a): \_\_\_\_.

Signature

Csaba Henter, Reg. No. 50,908

Typed or printed name

May 17, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_ forms are submitted.

